

P14 xxx08022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

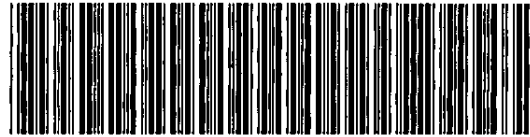
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Certified Copies _____

Certificates of Status ☒

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 17 AM 8:49

24/14

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Wayne Taylor, M.D., P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Wayne Taylor

Name (Printed or typed)

18126 Branch Road

Address

Hudson, FL 34667-5838

City, State & Zip

727-992-7000

Daytime Telephone number

twayne43@hotmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
14 JAN 17 AM 8:49

ARTICLE I NAME

The name of the corporation shall be: Wayne Taylor, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18126 Branch Road

Hudson, FL 34667-5838

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This Corporation is organized for the
purpose of transacting any and all lawful business specifically related to the practice
of Medicine and the healing arts.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wayne Taylor, President

Name and Title: _____

Address 18126 Branch Road

Address: _____

Hudson, FL 34667-5838

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Wayne Taylor
Address: 18126 Branch Road
Hudson, FL 34667-5838

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wayne Taylor
Address: 18126 Branch Road
Hudson, FL 34667-5838

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent
1-15-2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator
1-15-2014
Date